



Outline for the Client Stakeholder Contract

Background

As part of the fiscal year 2012/13 State Budget, the Department of Mental Health (DMH) was eliminated and various contracts, services, and budgetary authorities originally granted to DMH were distributed to other state and local entities. Specifically, the funds and authority for a client stakeholder contract, designed to facilitate inclusion of stakeholders, was transferred to the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission).

Statutory References

The passage of the Mental Health Services Act (MHSA) initiated, at the state and local levels, the concept of transparent and collaborative processes being implemented to determine the mental health needs, priorities, and services for California mental health consumers. This collaboration is documented in several Welfare and Institutions (W&I) Code sections.

The MHSOAC is mandated in W&I Code Section 5846(c) to “ensure that the perspective and participation of diverse community members reflective of California populations and others suffering from severe mental illness and their family members is a significant factor in all of its decisions and recommendations.” The client stakeholder contract is one means of ensuring that such perspective and participation occurs.

The stakeholder contract also supports the statutory requirement in W&I Code Section 5892(d) that the Mental Health Services administrative fund “include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery, or access to services.” In addition, the contract would support the 2012 amendment to the W&I Code Section 5848(a) made by Assembly Bill 1467 that strengthened local stakeholders’ involvement by requiring counties to “demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.”

Goals

The contract shall:

1. Support the goals of the MHSA and the values of the MHSOAC.
2. Make an impact on California's mental health system.
3. Increase awareness of the perspective of consumers, and the participation of those with lived experience, in the decision-making process of state and local agencies, including the MHSOAC.
4. Fortify the state and local stakeholder process through the involvement of consumers in those processes.

Outline of Scope of Work

The Scope of Work may include, but not be limited to, the following:

- a. Develop or expand upon an existing statewide network of client stakeholders who have lived experience in their local mental health communities, including individuals from diverse ethnic and racial backgrounds. Provide training for members of this network in the MHSOAC curriculum, "Effective and Meaningful Client Stakeholder Participation: A Training on Guiding Principles in Community Planning Process" and conduct trainings for additional client stakeholders or others to expand the ability of client and other stakeholders to effectively participate in state and local stakeholder processes.
- b. The contractor will utilize their knowledge of their local community to apprise and provide reports to the MHSOAC regarding trends and issues relevant to client stakeholders regarding the MHSA Community Program Planning process and service provision. The contractor will work with the MHSOAC to inform the Commission on the strengths and limitations of MHSA funding and related services and their impact on local communities.
- c. Conduct an inventory and report on consumer run organizations that identifies and analyzes best practices, challenges, growth strategies, gaps in consumer advocacy, demographics, and related issues that can inform strategies to enhance the effectiveness of stakeholder advocacy in California.
- d. Explore and analyze the efficacy and appropriateness of the Issue Resolution Process (IRP) at the state and local level and identify strategies to improve the IRP process.
- e. Conduct outreach to diversify and further stakeholder participation at both the local and the state level. Provide reports that include numbers reached and other descriptive and quantitative information regarding outreach.
- f. Support the work of the MHSOAC by promoting local and state level stakeholder participation at local and state level mental health forums, meetings, and other events.

- g. Identify measures or metrics that could be used to monitor awareness and support for the perspective of consumers, and the participation of those with lived experience, in the decision-making process of state and local agencies, including the MHSOAC.

Minimum Qualifications

The following minimum qualifications must be met by the contractor:

1. Provide evidence of capacity to provide statewide, county-level, and state-level participation.
2. Be a non-profit organization recognized by state and federal tax agencies.
3. Have a governing board that is at least fifty-one percent (51%) mental health consumers.
4. Provide evidence of the capacity to carry out the terms of the contract.